



Miscellaneous Permit Application Checklist

This application is required for issuance of non-residential building permits. Please complete all areas of this application that apply to your type of construction. This checklist provides a list of the required documents for the issuance of a residential building permit.

Application and Related Documents

Yes No N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Plan Review Approval. (Prior to issuance of the building permit, two sets of plans must be submitted to the building department for review and approval. This is generally a two to four week process. The building permit cannot be issued until plans have been approved. A review fee will be added at time of permit issuance for commercial permits. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Completed Permit Application |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Land Use Permit (when applicable) obtained from Planning & Community Development 540-483-3027. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Ownership (if not in property records) or letter from property owner* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Zoning approval will be required for construction located in the Town of Rocky Mount or in the Town of Boones Mill. |

***NOTE:** Property ownership, as verified through Franklin County Real Estate Tax Records, will reflect the permit holder. If the permit is to be issued in another name, a written letter from the existing property owner(s) giving permission for the specific structure on the property is required. The Real Estate Tax Identification number, subdivision name and lot number (if applicable) for the property is to be included in this letter. This statement is to be signed and dated by **all** property owner(s) – original signatures are required

Fees must be paid when building permit is issued. Acceptable methods of payment include check or cash. We do not accept credit or debit cards for payment at this time.

Development Service – Office of Building Inspections

1255 Franklin St., Suite 103, Rocky Mount, VA 24151

Phone: 540-483-3047; Fax 540-483-6665

Office Hours: Monday-Friday 8:00 A.M. - 4:30 P.M.



Franklin County

Development Services-Office of Building Inspections
1255 Franklin St., Suite 103, Rocky Mount, VA 24151
Phone (540)483-3047; Fax (540)483-6665

(Office Use Only)

Application # _____

Date of Application _____

MISCELLANEOUS PERMIT APPLICATION

☐ RESIDENTIAL

☐ NON-RESIDENTIAL

CATEGORY OF CONSTRUCTION (check all applicable)

☐ AMUSEMENT DEVICE

☐ BOAT DOCK

☐ DISTRIBUTION TERMINAL/FACILITY

☐ ELEVATOR

☐ MOVING/RELOCATION

☐ RETAINING WALL

☐ SIGN

☐ STORAGE TANK

☐ SWIMMING POOL

☐ TENT

☐ TOWER/ANTENNA

☐ OTHER _____

Estimated Value/Cost \$ _____

SCOPE OF WORK (Describe work briefly, but thoroughly)

JOB SITE INFORMATION

Job Address _____
City/State/Zip _____
Subdivision _____ Lot # _____ Tract # _____ Section # _____
Tax Map/Parcel # _____
Directions to Job Site from Rocky Mount: _____

PROPERTY OWNER INFORMATION

Name _____
Mailing Address _____
City/State/Zip _____
Phone # _____ Cell # _____

APPLICANT (If Other Than Owner Applies For Permit)

Name _____
Mailing Address _____
City/State/Zip _____
Phone # _____ Cell # _____ Fax # _____
E-mail address _____

AMUSEMENT DEVICES

Note: A third party inspection certificate is required for this permit to receive a Certificate of Completion.

Device description: _____
Device set-up location _____ Device to be used for what period of time? _____
Responsible Party/Installer Information: (If contractor is used, please also complete contractor roster)
Name: _____ Phone: _____
Address: _____

BOAT DOCKS

Note: Copies of AEP and Land Use approval(s) are required prior to issuing this permit. Contractor information required as applicable.

Boat Slips: _____ # PWC Lifts: _____

DIMENSIONS:		Sq. Ft.
Stationary:	_____ X _____, _____ X _____, _____ X _____, _____ X _____, _____ X _____	_____
Floater:	_____ X _____, _____ X _____, _____ X _____, _____ X _____, _____ X _____	_____
Boat Slips/PWC:	_____ X _____, _____ X _____, _____ X _____, _____ X _____, _____ X _____	_____
Walkway:	_____ X _____, _____ X _____, _____ X _____, _____ X _____, _____ X _____	_____

Will electricity be provided to dock? Yes ☐ No ☐
If Yes, AEP Work Order # _____

TYPE OF ROOF MATERIAL : ☐Shingles ☐Metal ☐Shakes ☐Other _____

Total Square Feet _____

DISTRIBUTION TERMINAL/FACILITY

Approvals from other County departments may be necessary prior to issuance of this permit. A general contractor is required & others as applicable.

(Circle One) INSTALLATION REMOVAL (Circle One) UNDERGROUND ABOVE GROUND

TANK CONTENTS: : ☐Propane ☐Fuel Oil ☐Diesel ☐Gasoline ☐Other _____

SUPPLEMENTAL SYSTEMS TO BE INSTALLED:

FUEL LINES: Yes ☐ No ☐

ELECTRICITY: Yes ☐ No ☐

Tanks _____ # Gallons _____

Tanks _____ # Gallons _____

Tanks _____ # Gallons _____

ELEVATOR

Note: A third party inspection certificate is required for this permit to receive a Certificate of Completion. A general contractor and electrical contractor are required and others as applicable.

DESCRIPTION _____

MANUFACTURER _____ YEAR _____ CAPACITY(lbs.) _____

Responsible Party/Installer Information: (If contractor is used, please also complete contractor roster)

Name: _____ Phone: _____

Address: _____

MOVING/RELOCATION

Note: General contractor required and others as applicable. This permit is designed for relocating an existing building to an existing foundation. In the event that a new foundation or new building is constructed, this permit does not apply.

CURRENT ADDRESS OF STRUCTURE: _____

RELOCATION ADDRESS OF STRUCTURE: _____

Dimensions of structure: _____ X _____, _____ X _____, _____ X _____, _____ X _____

RETAINING WALL

OF INDIVIDUAL WALLS _____

WALL HEIGHT (Total Feet) _____

AMOUNT OF FILL AGAINST WALL (In Feet) _____

WALL MATERIAL: Concrete ☐ Block ☐ Other ☐ _____

WALL LENGTH (Total Feet) _____

WALL WILL BE RETAINING: Soil ☐ Other ☐ _____



Franklin County

1255 Franklin St., Suite 103
Rocky Mount, VA 24151
Phone 540-483-3047
Fax 540-483-6665

THIS FORM (BOTH PAGES) MUST BE COMPLETED WHEN LICENSED CONTRACTORS ARE USED

Date: _____ Job Amount \$ _____

Applicant/Owner: _____

Job Location: _____

Virginia Board for Contractors Regulations requires work totaling \$1,000.00 or more to be made by licensed Virginia Contractors or eligible exempt individuals. Section 54.1-111, in the Code of Virginia requires the building inspector or other authority to have the applicant furnish license information or evidence of exemption prior to the issuance of the building permit.

The provisions of this section apply to Owners acting as general contractors, General Contractors, Sub-Contractors, Builders and Developers, Tenants and other persons applying for permits. This form is to be completed and returned along with your permit applications.

*If any below fields are not applicable, please designate those fields by indicating "n/a".

I, the undersigned, declare under penalty of law that the above information is true, correct, and complete to the best of my knowledge.

_____ (Signature)

_____ (Title)

MECHANICS LIEN AGENT

Business Name _____ Phone () _____

Business Address: _____

City _____, State _____ Zip _____

GENERAL CONTRACTOR

Name _____ Type of Work _____

Address _____ Phone _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C) _____

Expiration Date _____

ROSTER OF SUB CONTRACTORS
(List information as it appears on the contractor's license)

Name _____ Type of Work **FOUNDATION**

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

Name _____ Type of Work **PLUMBING**

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

Name _____ Type of Work **ELECTRICAL**

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

Name _____ Type of Work **HVAC**

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

Name _____ Type of Work **GAS FITTER**

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

Name _____ Type of Work _____

Address _____ Phone () _____

City _____ State _____ Zip _____

State License # _____ License Level (A, B or C)

Expiration Date _____ Value \$ _____

FOR BOATDOCKS ONLY:

Are there any existing boat facilities on the parcel? YES NO

If so, is there a forty (40) foot separation distance
between each pier, dock or boathouse facility
measured from center of the point of construction
on the shore of each facility? YES NO

Distance from each side of walkway to side
property lines Right _____ft. Left_____ft.
Distance across to opposite shore _____ft.
Distance dock will be out into the water _____ft.

Height of dock at Mean Level _____ft.

FOR OFFICE USE ONLY:

PERMIT NUMBER: _____

TAX MAP NUMBER: _____